Army Suicide Awareness and Prevention 2014

Yellow Ribbon Reintegration Program

Alabama National Guard

Every One Matters!

Mission Statement

To Minimize Suicidal Behavior and Reduce Stigma caused by suicide with the AL - ARNG by Helping Individuals/Soldiers to Seek Help as well as to monitor each other and provide "Buddy Care", thereby improving mission readiness.

Objectives:

* **Encourage help-seeking behaviors**
* **Become proficient in "Buddy Care"**

Suicide Facts: (Center for Disease Control)

- In recent years, more than 39,518 Americans died of suicide.
- Suicide is the 10th leading cause of death for Americans of all ages.
- Suicide is the 3rd leading cause of death for Americans ages 15-24.
- Men are three times more likely to complete a suicide than females. Females are three times more likely to attempt a suicide than males.)
- For every suicide, there are at least 6 survivors.

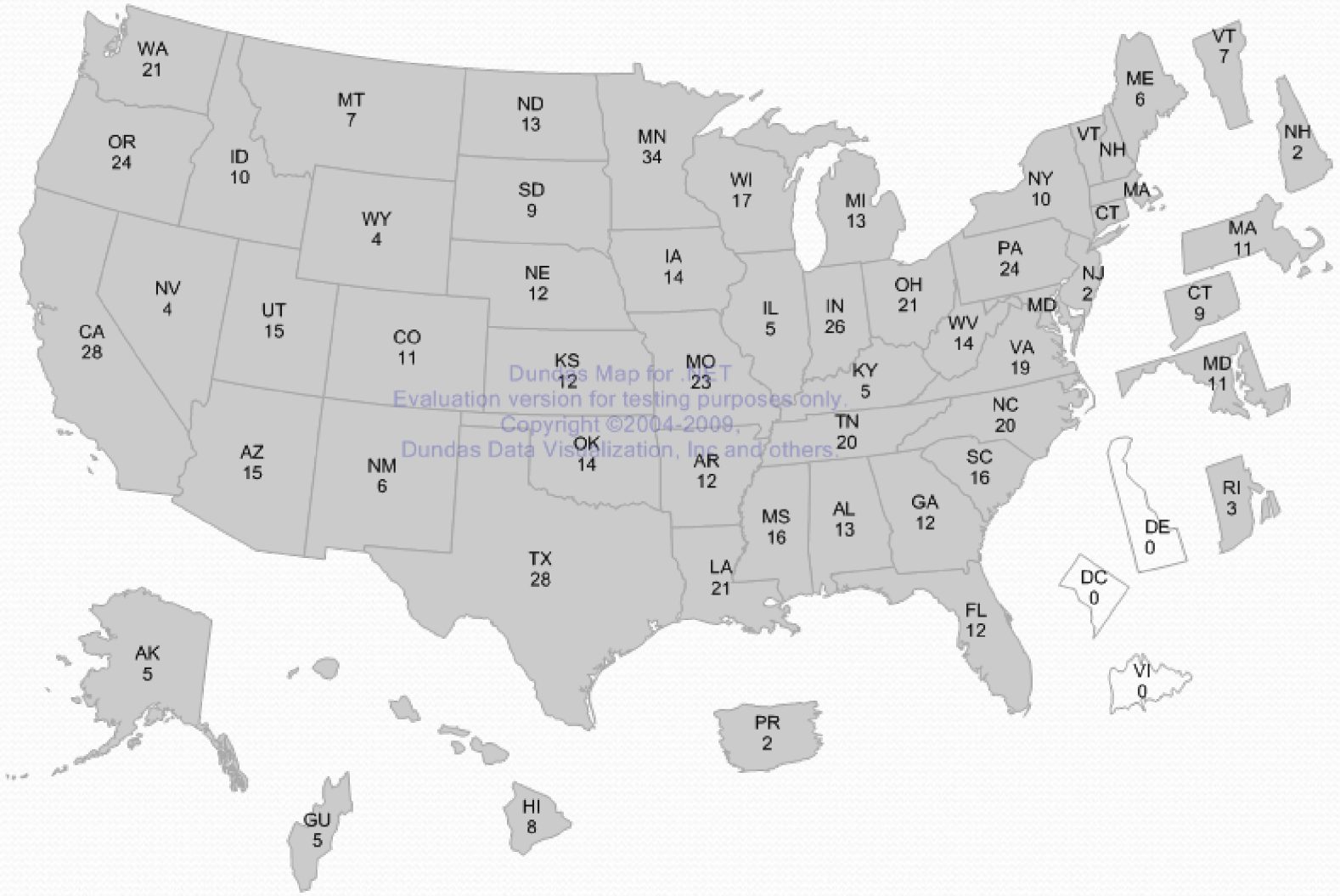
Common Factors in the ARNG

- Majority had substance abuse issue – predominately alcohol.
- Majority had significant relationship issues – fighting with significant other, recent break-up or socially withdrawn .
- People who are close to Soldiers who see downward spiral, worry that interfering could create trouble with career in ARNG or do not trust they have the skills to help.

Suicide AT A Glance

Suicidal behaviors continue to be a concern for the Army. Suicide affects every segment of the force – Active, Guard, and Reserve; officers and enlisted; deployed, post-deployment, and those that have not been deployed.

ARNG Suicides since 2007…



The ALARNG Suicide Awareness and Prevention Campaign Plan

Suicide continues to claim the lives of 2-3 soldiers in the Alabama National Guard each year.

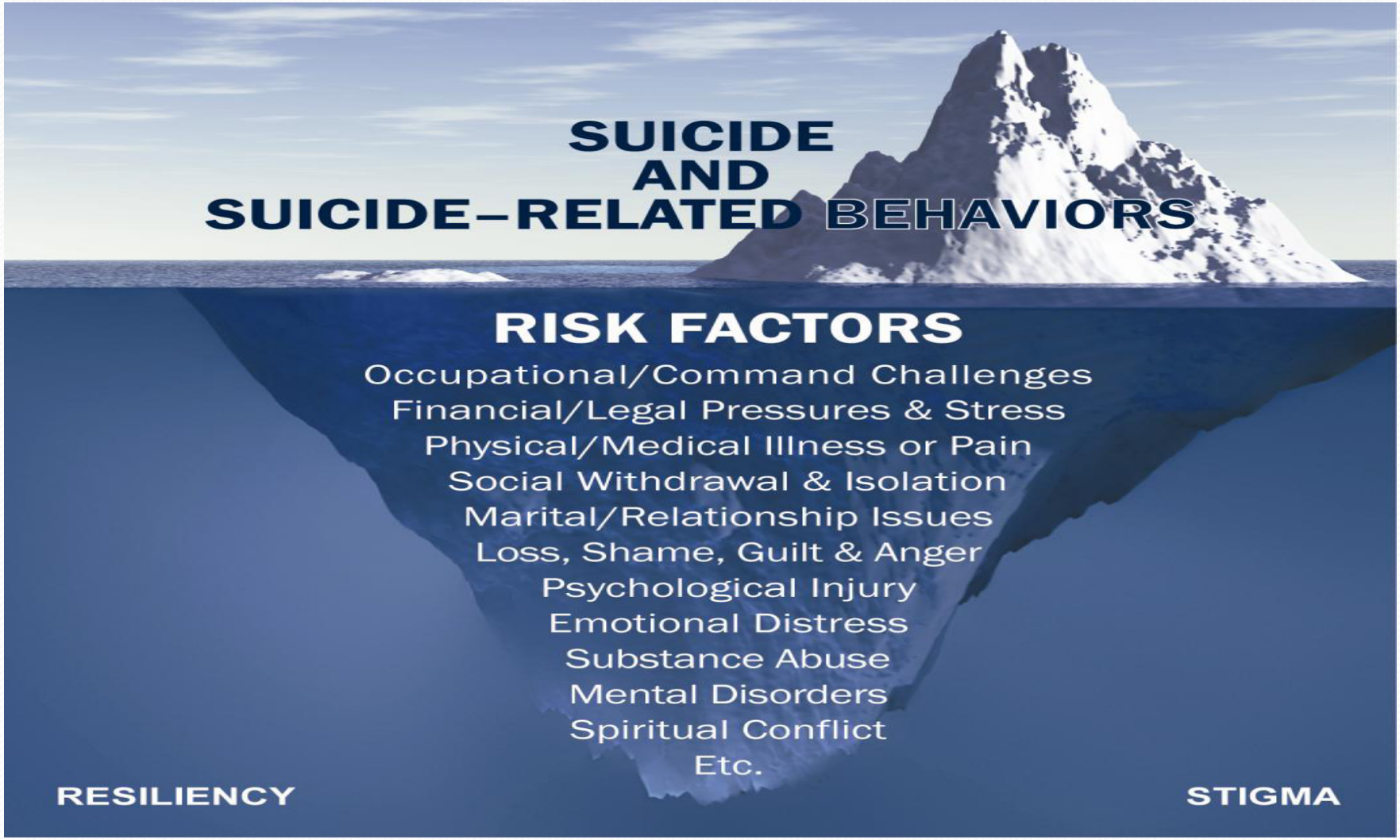
Learning Objectives

Identify common triggers of suicide.

- **Identify risk factors of suicide.**
- **Identify symptoms of depression.**
- **Identify myths about suicide.**
- **Identify warning signs of suicide.**
- **Take appropriate action in response to an**

  at-risk individual.

Challenges to Preventing Suicide



Suicidal Behavior: Above the Surface

- **Serious suicidal thoughts or threats.**
- **Self destructive acts.**
- **Attempts to harm, but not kill oneself.**
- **Attempts to die by suicide.**
- **Completed suicide.**

Risk Factors and Warning Signs: Below the Surface

- **The breakup of a close relationship**
- **Witnessing death**
- **Financial stressors**
- **A bad evaluation**
- **Drug or Alcohol Abuse**
- **Leaving old friends and family**
- **Being alone with concerns about self or family**
- **New military**

Risk Factors and Warning Signs: Below the Surface

- **Recent interpersonal losses**
- **Psychological Injury**
- **Loss of self-esteem / status**
- **Humiliation / Ridicule**
- **Rejection (e.g., job, promotion, boy/girlfriend)**
- **Disciplinary or legal difficulty**
- **Exposure to suicide of friend or family member**
- **Discharge from treatment or from**

Hopelessness

- **Believing all resources have been exhausted**
- **Feeling that no one cares**
- **Believing the world would be better off without you**
- **Total loss of control over self and others**
- **Seeing death as only means of eliminating pain**

Depression

- **Difficulty concentrating or remembering**
- **Loss of energy, or chronic fatigue, slow speech and muscle movement**
- **Loss of self-esteem**
- **Change in sleep habits; unable to sleep or wanting to slee**
- **Change in weight**
- **Anxiety**

Mnemonic for Warning Signs: Is Path Warm (American Association of Suicidology)

I- Ideations: expressed or communicated ideations
S- Substance Abuse: Increased Substance Use

P-Purposelessness: No reason for living
A-Anxiety: Agitation, unusual sleep patterns
T-Trapped: No other way out
H-Hopelessness

W- Withdrawal: Isolated from social network
A-Anger: uncontrollable rage
R-Recklessness: Engaging in risky behavior
M-Mood Change-dramatic shifts in mood

SUICIDE Myths and Facts

- **MYTH: People who talk about suicide don’t die by suicide.**
- **FACT: 80% of completed suicides had given definite indications of their intention.**

- **MYTH: Talking about suicide will give some an idea to do it.**
- **FACT: Suicidal people already have the idea. Talking about it may invite them to ask for help.**

SUICIDE Myths and Facts

(continued)

- **MYTH: All suicidal people are fully intent on dying. Nothing can be done about it.**
- **FACT: 95% are undecided about it. They call for help before or after the attempt.**

- **MYTH: Suicide is an impulsive act.**
- **FACT: Most suicides are carefully planned and thought about for weeks.**

- **MYTH: Suicidal people remain suicidal.**
- **FACT: Most are suicidal for only a brief period. Timely intervention may save their lives.**

SUICIDE Myths and Facts

(continued)

- **MYTH: Suicidal persons are mentally ill.**
- **FACT: Most suicidal persons are not mentally ill. Severe emotionally distress is not the same as mental illness._**

- **MYTH: December has suicide the highest rate.**
- **FACT: December has one of the lowest rates. Spring months have the highest.**

- **MYTH: It's not suicide if there is no note.**
- **FACT: Only 1 in 4 suicides leave suicide**

Responding to Statements or Threats

- **Stay calm. Do not leave person alone.**
- **<u>Ask the Question</u>: "Are you thinking of killing yourself?"**
- **Listen: connect with the Soldier by listening to their story.**
- **Connect: with DPH, Chaplain, or other ALNG resources**

ACE

- **ASK: Ask directly (i.e., Are you thinking about killing yourself?).**
- **CARE: Convey concern.**
- **ESCORT: Get help using the ALARNG Suicide Battle Drill**

National Resources

Real Warriors:
24/7 Reintegration Assistance
www.realwarriors.net
Real Warriors offers 24/7 help, allowing individuals to choose between a phone call or live chat. The site focuses on building resiliency, facilitating recovery and supporting reintegration of all service members, veterans and their Families. The campaign fights to eliminate the stigma associated with seeking help and encourages service members to use available resources. Real Warriors also offers information to assist service members and their Families with issues before, during and after deployments

AfterDeployment.org:
Resources for Specific Challenges
www.afterdeployment.org
AfterDeployment.org is a behavioral health resource that supports service members, Families and veterans with post-deployment challenges. This site links visitors with a variety of resources including dealing with post-traumatic stress, depression and anger issues, traumatic brain injury and alcohol and drug dependency. The site will soon host a self-assessment page, which will guide individuals to helpful resources to deal with their specific issues.

National Resources

National Suicide Prevention Lifeline:
24/7 Crisis Assistance
www.suicidepreventionlifeline.org
1-800-273-TALK (8255) Press #1 for Vets
The National Suicide Prevention Lifeline is a 24-hour, toll-free, confidential hotline available to anyone dealing with suicidal thoughts or emotional stress. The site lists suicide warning signs, what to do if a friend needs help, information about when and why to call, who should call and who will pick up the phone at the other end. The network consists of local crisis centers, counselors and mental health referrals

What is the ALARNG response?

1. Safety Council Meetings
2. Suicide Prevention Hotlines
3. Building Community Counseling Networks
4. GAT (Global Assessment Tool)
5. DPH Director of Psychological Health
6. ACE: Suicide Prevention Training

Summary . . .
Final Comments . . .
Questions . . .